

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19726**

FILED MAY 21 1957

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 590		Registrar's No. 1114	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Wellston		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Vincent's Hospital				e. STREET ADDRESS (If rural, give location) Saum Hotel			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) J.		c. (Last) Wibbelsman		4. DATE OF DEATH (Month) April (Day) 27 (Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH Aug. 9, 1980	
9. AGE (In years last birthday) 76		10. AGE (In years last birthday) 17		11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Federer Rlty. Co.		11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ohn Conrad Wibbelsman		13b. MOTHER'S MAIDEN NAME Robsina Hannanken		14. NAME OF HUSBAND OR WIFE ---None---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Alphonse W. Rengel, Guardian		ADDRESS 5935 Hilgard Place	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 48 hours	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease				Years	
		DUE TO (c) Generalized Arteriosclerosis				"	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes and Senile Changes				"	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-2- , 19 56 , to 4-27- , 19 57 , that I last saw the deceased alive on 4-27- , 19 57 , and that death occurred at 9:10A.m. , from the causes and on the date stated above.							
23a. SIGNATURE F.E. Krieger		(Degree or title) 74.8		23b. ADDRESS 7301 St. Charles Rock Rd.		23c. DATE SIGNED 4/27/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1957		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 4-29-57		REGISTRAR'S SIGNATURE Herbert A. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway B1			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *42*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.